				SION OF HEALTH STANDARD CERTIFICATE OF DEATH  C HEALTH AND WELFARF 44  STATE FILE NUMBER  STATE FILE NUMBER
DO NOT WRITE ON THIS STUB	AMEN	IDED	1_	Registration District NoPrimary Registration District NoRegistrar's No
VS 300 Rev. 4/59	AMENDED		_  -	1. PLATE \$Location JUL 6 1962  a. COUNTY JACKSON  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY  2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before a. STATE MISSOUR TOWNTY JACKSON  c. CITY OR TOWN KANSASCITY  2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before a. STATE MISSOUR TOWNTY JACKSON  a. STATE MISSOUR TOWNTY JACKSON  Inside Limits OR TOWN KANSASCITY  PLATE \$Location JUL 6 1962  a. STATE MISSOUR TOWNTY JACKSON  Inside Limits OR TOWN KANSASCITY
23938	DATE A/		-	c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 8401 THE PASEO  INSTITUTION 8401 THE PASEO  INSTITUTION 8401 THE PASEO  Reside on Farm ADDRESS  8401 THE PASEO  Yes No
3 4 5			-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)  EW/S REED EASTMAN OF DEATH JUNE 16 1962  5. SEX A COLOR OR PACE 7. Married W. Naver Married D. R. DATE OF RIDTH 9. AGE (last birthday) 1F UNDER 1 YEAR 1F UNDER 24 HR
5 /			1_	MALE WHITE Widowed Divorced 12/4/94 67 Months Days Hours Min.  10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
7 / SMOTIO	7.		-1	MECHANIC TRUCK LINES (ALPENA SOUTH DAKOTA, U., S. A.  136. FATHER'S NAME  14. NAME OF HUSBAND/OR WIFE
9420.1 W			1	E. S. EASTMAN STELLA MAY FENSTEMAKER EDITH E. EASTMAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic NO MRS. EDITH E. EASTMAN K. C. MO.
10 Q	P.	1	OCOWEN I	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Ventricular Fibrillation  INTERVAL BETWEEN ONSET AND DEATH OSeconds
$\frac{\frac{11}{12}g_{\tilde{\mathcal{O}}} - \mathcal{O}}{13}$	SI		3	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b)  Coronary Humber:    Munute   Due To (c)   Due To (c)
SIN NO SIN	.		ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  **Contribution**  **Contribution**    Part III. If deceased was female was there a pregnancy in last 90 days.    Contribution**    Contribution**    Part III. If deceased was female was there a pregnancy in last 90 days.    Contribution**    Contribution**    Contribution**    Contribution**    Part III. If deceased was female was there a pregnancy in last 90 days.
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			ICAL CERTIFI	19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year
			MEDIC	INJURY 8.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK
BLACK OR RITER	D READ			21. I attended the deceased from 1938 Supplies 16,1962 and last saw him alive on 1962.  Death occurred at 9 m on the date stated above, and to the best of my knowledge, from the causes stated.
USE	SHOULD	!		22a. SIGNATURE (Degree or title) Wm H. Goodson (City, town, or county) (State)
	ITEM NO.	1 1:	I I	BURIAL JUNE 19, 62 MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI  24. FUNERAL DIRECTOR 1331 BRUSH CR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAP'S SIGNATURE  1331 BRUSH CR
i	-		• I I	CLicensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	I on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	igned Robert Rays
Signature of Student Embalmer	Licensed Embalmer No. 4/8Z
	P. O. Address K. C. MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.